								Application or Docket Number					
	PATENT	RD											
Effective October 1, 2003								101758,144					
CLAIMS AS FILED - PART I								SMALL E	NTITY	_	OTHER	THAN	
(Column 1) (Column 2)						umn 2)		YPE [OR	•		
TOTAL CLAIMS 22								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		* 2		İ	X\$ 9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			5 minus 3 =		7		Γ	X43=		OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT							1	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL	†	OR	TOTAL	978	
CLAIMS AS AMENDED - PART II									-	-4	OTHER		
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
1,10,13,18,20							L	+145=		OR	+290=		
	((0))						ΑI	TOTAL DDIT. FEE	L	OR,	TOTAL ADDIT. FEE		
_		(Column 1) (Column 2) (Column 3)						•					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		<u> </u>			li			
							L	+145=	<u>.</u>	OR	+290=	•	
								TOTAL DIT. FEE	•	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								•	, •				
AMENDMENT C	· ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME I	Ind pendent		Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7,002		
* 15	the entry in colum	Ŀ	145=		OR	+290=							
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR A	TOTAL DDIT. FEE		
T	he "Highest Num	mber Previously Paid	id For" (Total or	o SPACE IS Independer	iess thai it) is the	i 3, enter "3." highest number		DIT. FEE	ropriat box				